

CITY OF WICHITA AGREEMENT FOR NON- EMPLOYEE SYSTEM / NETWORK PRIVILEGES

DATE: _____

NAME: _____

AGENCY: _____

DIVISION: _____

AGENCY USERID: _____

EMAIL: _____

TELEPHONE: _____

USERNAME: (ASSIGNED by City of Wichita IT/IS) _____

REQUEST FOR A NEW ACCOUNT?

☒ YES ☐ NO☐ THIS PERSON IS REPLACING ANOTHER NON-EMPLOYEE
IF CHECKED, WHO? _____☐ REMOVE ACCOUNT city userid _____
User's Full Name _____☐ THIS REQUEST IS FOR ADDITIONAL SYSTEM PRIVILEGES
ON AN EXISTING ACCOUNT.

MAJOR APPLICATIONS (PLEASE CHECK ALL THAT APPLY)

MISCELLANEOUS	CRYSTAL REPORTS	E JUSTICE	LASERFICHE
<input type="checkbox"/> Interwatch Read - FAX	<input type="checkbox"/> CrystalSGCDC - District Court	<input type="checkbox"/> Police E Justice	<input type="checkbox"/> Records Basic View
	<input type="checkbox"/> CrystalSGCDIO - Sedgwick County DIO		<input type="checkbox"/> Homicide Confidential
<input type="checkbox"/> Other:	<input type="checkbox"/> CrystalSGCEMCU - EMCU Unit		<input type="checkbox"/> Vehicular Homicide
	<input type="checkbox"/> CrystalSGCPTS - Pretrial Services		<input type="checkbox"/> Traffic
	<input type="checkbox"/> CrystalSGCRcds - Sheriff Records	<input type="checkbox"/> Court E Justice	<input type="checkbox"/> Farm Cards
	<input type="checkbox"/> CrystalSGCSO - Sheriff Office		<input type="checkbox"/> Court Records
	<input type="checkbox"/> CrystalFBI - Federal Bureau of Inv.		<input type="checkbox"/> Probation
	<input type="checkbox"/> CrystalUSDC- US District Court		<input type="checkbox"/> Fire - Arson

COMMENTS: _____

I, _____, HAVE READ AND UNDERSTOOD THE CITY OF WICHITA Non-Employee Information Technology Usage Agreement AND AGREE TO BE BOUND BY IT. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THE REQUIREMENTS STATED IN THE USAGE AGREEMENT MAY RESULT IN DISCIPLINARY ACTION AGAINST ME, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT OR CRIMINAL PENALTIES PRESCRIBED BY THE STATE OF KANSAS.

REQUESTOR'S IMMEDIATE SUPERVISOR: _____ Date _____

REQUESTOR'S DEPARTMENT HEAD: _____ Date _____

☐ Background check has been completed for this employee by Sedgwick county or other requesting agency.

Transmit signed copy of this request, City's Non-employee Usage Agreement, and the 2011 Security Awareness Statement form to City WPD Attn: Mike Leiber 316-858-7864 or Satin Janssen 316-858-7704.

CITY APPROVAL

***** FOR CITY USE ONLY *****

Police IS Services _____ Police Records _____ Police L.A.S.O. _____

Municipal Court _____ IT Crystal _____ Other _____

(No City Finance Department Approval is required) CHIEF INFORMATION OFFICER: _____

INSTRUCTIONS:

In an effort to streamline the processing of computer system accounts, the Data Center system and network privilege forms have been combined into one form.

Please use the following guidelines when submitting a System/Network Privilege form:

1. Name – Employee Full Name
2. Agency - Agency Name (e.g. Sheriff, District Attorney, FBI, ect.)
3. Division – Division within the agency (e.g. Records, Criminal, EMCU, etc)
4. Agency ID – Userid provided by that agency (e.g. jdoe)
5. Email – Email address (jdoe@sedgwick.gov)
6. Telephone – Requested employees' phone number.
7. If request is for WPD related software/computer/facility access, on an additional piece of paper provide the requester's Race, Sex, Date of Birth and Social Security Number.
8. If request is for WPD related software/computer/facility access, complete the 2011 Security Awareness Statement form. Please check the first box, if working for a Criminal Justice Agency. The second box, if working for a Non-Criminal Justice Agency that needs access to Criminal Justice Information. Or the third box, if working for a company that needs access to WPD facilities like one of the substations, or other WPD maintained buildings or offices.

Type of Request

1. If this request is for a new account please check 'yes'. If 'no' is selected, select remove account or request for additional privileges should be selected.
2. If you are replacing another non-employee, please provide the incumbent's userid or name.
3. If you are being replaced, terminated or moved to another assignment, please submit a separated request for removal from the system.

Application Requested

1. Please check all boxes that apply

Approval – County or other Agency

Form must be signed by the requesting employee, immediate supervisor and department head.

IMPORTANT: Supervisor or Department Head will need to verify that a background check has been completed for the employee for all request.

Submit forms by fax to COW WPD ATTN: Mike Leiber 316-858-7864 or Satin Janssen 858-7704 (backup - Darrell Atteberry 268-4105)

1. Be sure that both immediate supervisor and department head have signed the form
2. Specific application access requires approval by each application representative as shown below. The last application representative will forward the request to the Data Center and the account will be created.

Application	Representative	Mail Stop
PUBLIC SAFETY		
(Police)	Mike Leiber/Satin Janssen	1-41
(Police)	Darrell Atteberry	1-51A
(Court)	Donte Martin	1-31